



STATE OF WEST VIRGINIA  
DEPARTMENT OF ADMINISTRATION  
FLEET MANAGEMENT DIVISION  
2101 WASHINGTON STREET, EAST  
P.O. BOX 50121  
CHARLESTON, WEST VIRGINIA 25305-0121

I, \_\_\_\_\_ (**print** name), agree to the following regarding my use of any State of West Virginia fuel card:

1. I understand that I will make financial commitments on behalf of my agency (entity) and the State of West Virginia. I will strive to obtain the best value for the State. I also understand that I am to take measures to protect the fuel card against loss, theft, or damage. If loss, theft, or damage occurs, I will report it immediately to my Agency Fleet Coordinator.
2. I understand that under no circumstances will I use the fuel card to make personal purchases, either for myself or for others. Willful intent to use the fuel card for personal gain will result in disciplinary action up to and including termination of employment and initiation of **mandatory criminal investigation and prosecution**. I will follow established procedures for using my fuel card, including retention of receipts for all purchases according to the Fleet Management Division Policies and Procedures Manual and my agency (entity) policy. Failure to do so may result in revocation of my use privileges or disciplinary action. Additionally, I will follow all agency (entity) and State of West Virginia purchasing requirements as they relate to the State of West Virginia fuel card.
3. I agree to cooperate with any agency (entity) or Fleet Management Division employee engaged in auditing or otherwise investigating use of the fuel card.
4. I will not reveal my Personal Identification Number (PIN), either in writing or verbally, to any other party, including other employees and merchants. I also understand that the monthly invoice from the fuel card provider will indicate my name as the responsible party if my PIN is used.
5. I received access to my agency (entity) fuel card policies and the Fleet Management Division Policies and Procedures Manual, in print or electronic form; received training on card use and policies; and understand the requirements for using the fuel card.

\_\_\_\_\_  
Employee/Contractor Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print State Agency/Governmental Entity